

Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
100 GENERAL INFORMATION 400 ELIGIBILITY FOR SERVICE	≅S	
Medicaid Eligibility Requirements	s 401	04/2015
Program Eligibility	402	01/2016
General Provisions and Services	403	07/2015
Service Limitations and Exclusion	ns 404	07/2015
Reserved	405	
Reserved	406	
Denial of Services	407	04/2015
Reserved	408	
Reserved	409	
Reserved	410	
New Admissions	411	10/2017
Request to Change Agencies	412	04/2017
October 2017 Senio	r & Long Term Care Division	Page 1 of 8



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
Switch in Option	413	07/2017
High Risk Intake	414	04/2015
Annual MPQH Reviews	415	04/2015
Reserved	416	
Temporary Authorization	417	04/2015
Reserved	418	
Reserved	419	
Reserved	420	
Service Plan	421	04/2015
500 MOUNTAIN PACIFIC QUALITY	HEALTH	
600 ADMINISTRATIVE REQUIREME	ENTS	
Fair Hearings	605	04/2017
Reimbursement	606	07/2016



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
Quality Assurance Review	608	04/2016
QAR Worksheets	609	10/2016
QAR Provider Agency Reports	610	01/2017
700 SERVICE REQUIREMEN	ITS	
Agency Requirements	701	07/2017
Intake Visits	702	07/2017
180 Day and Annual Recertific	cation 703	07/2015
Complaint Procedure	704	04/2015
Termination, Discharge and Tabsences	emporary 705	04/2017
Training Attendants	706	04/2015
Medical Escorts & Medical Tra Mileage	ansportation 707	07/2015
Shopping, Community Integra	tion & Mileage 708	04/2017
Serious Occurrence Report	709	04/2017
October 2017 Ser	nior & Long Term Care Division	Page 3 of 8



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
Home and Community Based Waiver Program	710	07/2015
Live-In Attendants, Family and Significant Othe	rs 711	04/2015
Home Health & Hospice Benefit & Third Party Services to Children Under the Age of 21 Years	712 713	04/2015 04/2015
Services to Members with Developmental Disabilities	714	04/2015
Services to Pregnant Women	715	04/2015
Reserved	716	
Flexibility Parameters	717	04/2015
Service Delivery Records	718	04/2015
Amendments	719	10/2017
Conflict of Interest	720	04/2015
Skill Acquisition	721	07/2015
Member Capacity/Compliance	722	04/2015



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject Po	olicy Number	Revision Date
Shared Cases	723	04/2015
900 FORMS		
General Information Forms Requisition	901	02/2015
General Utilization	902	02/2015
Reserved	903	
Service Plan Form: (SLTC-170)	904	02/2015
Member Referral Form: (SLTC-154)	905	02/2015
Change in Demographics Form: (SLTC-157)	906	02/2015
Unable to Admit/Discharge Form: (SLTC-158)	907	02/2015
Agency Admit Form: (SLTC-163)	908	04/2017
Person Centered Planning Form: (SLTC-200)	909	02/2015
Reserved	910	
Service Delivery Record Form: (SLTC-222/Sample	le) 911	02/2015



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
Mileage & Medical Escort Form:(SLTC-221/San	nple) 912	04/2017
Request for Case Review Form (SLTC-MA128)	913	02/2015
Risk Negotiation Form: (SLTC-230)	914	02/2015
Recertification Documentation Form: (SLTC-210	0) 915	02/2015
Skills Acquisition Endorsement Form: (SLTC-21	5) 916	02/2015
Skills Acquisition Training Plan Form: (SLTC-21	6) 917	02/2015
Internal Quality Assurance Form: (SLTC-252)	924	01/2017
Provider Prepared Standards: (SLTC-253)	925	01/2017
Intake Internal Review Worksheet: (SLTC-244)	926	01/2017
Recertification Internal Review Worksheet: (SLTC- 245)	927	01/2017
1000 RESERVED		
1100 CFC/PAS PERSON CENTERED PLANNI	NG (PCP)	
PCP Requirements Overview	1101	04/2017



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
Plan Facilitators vs. Provider Responsibilities	1102	04/2017
Plan Facilitator Certification for CFC/PAS Provi	iders 1103	04/2017
PCP Coordinated Visit	1104	04/2017
MPQH Authorization Documents	1105	04/2017
PCP Annual Visits	1106	04/2017
PCP Re-Admission to CFC/PAS	1107	04/2017
High Risk Admits	1108	04/2017
Plan Facilitator Change: Intake to Waiver/Case Management, Switch in Agency, and Waiver Discharge	1109	04/2017
Short Term Admits	1110	04/2017
Personal Emergency Response System (PERS	S) 1111	07/2017
PCP Planning Form Instructions	1112	04/2017
Level of Care	1113	04/2017
CFC/PAS Change In Agency	1115	04/2017
October 2017 Senior & Long Term	n Care Division	Page 7 of 8



Agency Based Community First Choice/Personal Assistance Services Policy Manual

Section/Subject	Policy Number	Revision Date
9900 APPENDIX		
Abbreviations, Acronyms, Initials	9901	04/2017